## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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77096		1/2009	ha	ve its own certificate	of mailing or transmission.	or or roman drawing, must
WAYNE D PO	RTER, JR		ĭ h	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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CLEVELAND,	OH 44113				(477) 275 2000, on the c	
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			<b>-</b>			(Signature)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	9	ATTONIEU DO OVERTA	(Date)
10/518,160	08/15/2005				ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: SURGICAL DRAPING SYSTEM			John D. Corbitt JR.		SPE-15375.001	3033
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/21/2009
EXAMI		ART UNIT	CLASS-SUBCLASS	•		
BROWN, MI		3772	128-855000	•		
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list						
Change of corresponded Address form PTO/SB/	ndence address (or Chai	nge of Correspondence	(1) the names of up to or agents OR, alternation	vely,	1	e D. Porter, Ir
"Fee Address" indication (or "Fee Address" x 12 de la line of a single firm (naving as a member a 2						
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attache	ed. Use of a Customer	listed, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or tyr	ne)	***	
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identifin 37 CFR 3.11 Compl	fied below, no assignee	data will appear on the pa	atent. If an assignee	is identified below the do	cument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
			(b) RESIDENCE: (CITY	and STATE OR CO	OUNTRY)	
Diagraphy I d						
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4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Publication Fee (No	small autitudia		A check is enclosed.			
Advance Order - # o	sman entity discount pe	rmitted)	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Denosit Account Number.			
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5. Change in Entity Status  a. Applicant claims S	(from status indicated	above) See 37 CFR 1 27				
NOTE: The Issue Fee and P interest as shown by the rec	Jublication For (if	1) '11 1	from anyone other than th	er claiming SMALL e applicant; a registe	ENTITY status. See 37 CFI ered attorney or agent; or the	R 1.27(g)(2).
	111/4	s ratent and Trademark	Office.	,,,,,,	- To amornoy or agont, or the	assignee of other party in
Authorized Signature _/	Mayres.	rolly	Date Dec. 17, 2009			
Typed or printed name		ORTER, JR.		Registration No	26 977	
This collection of information application. Confidential submitting the completed ar	on is required by 37 CFI ity is governed by 35 U oplication form to the I	R 1.311. The information S.C. 122 and 37 CFR 1	n is required to obtain or re .14. This collection is estir	tain a henefit by the	multiplication of the state of	by the USPTO to process)
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